

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 9-681410	FILING DATE 03-30-01			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1	✓		✓				51				
2		✓		✓			52				
3		✓		✓			53				
4		✓		✓			54				
5	✓		✓				55				
6		✓		✓			56				
7		✓		✓			57				
8		✓		✓			58				
9	✓		✓				59				
10			✓				60				
11				✓			61				
12				✓			62				
13			✓				63				
14				✓			64				
15				✓			65				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3		5				TOTAL IND.				
TOTAL DEP.	6		10				TOTAL DEP.				
TOTAL CLAIMS	9		15				TOTAL CLAIMS				